## N. UF STES RECEIVED

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE	REQUEST FOR ALLOWABLE  AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  Form C-104  Supersedes Old C-104 and C-110  Effective 1-1-65		
1.	TRANSPORTER OIL GAS / OPERATOR 5 PRORATION OFFICE Operator	-		
	Address  1100 Western United Life Building Midland, Texas 79701  Reason(s) for filing (Check proper box)  Other (Please explain)			
	New Well Change in Transporter of:  Recompletion Oil Dry Gas  Change in Ownership Casinghead Gas Condensa		Make operator change effective: 9/1/75	
	If change of ownership give name and address of previous owner	Macdon∋1d Oil Corpor	a <b>tion Box 1812</b>	Midland, Texas 79701
II.	DESCRIPTION OF WELL AND Lease Name	LEASE   Well No.   Pool Name, Including F	ormation Kind of Lea	ıse Lease No.
	Scott "B"	1 Aouth Blan	nco PC State, Fede	rd or Fee Federal 079166
		90   Feet From The <b>North</b>   Lin		The West
				erriba County
111.	None	or Condensate		roved copy of this form is to be sent)
	Name of Authorized Transporter of Car			roved copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Lon Gas Company Unit Sec. Twp. Rge.	is gas actually connected?  yes	<u>ver Dallas, Texas 752</u> 01
	f this production is commingled with that from any other lease or pool, give commingling order number:  NO COMPLETION DATA			
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top C:1/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
	10.53.5	TUBING, CASING, AND	CEMENTING RECORD	(III)
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	A CEMENT
				(4) 12 0 COM
			1	416 4 3
<b>V</b> .	TEST DATA AND REQUEST FOR ALLOWABLE  Test must be after recovery of total volume of load oil and must be equal to be able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Ott-Bble.	Water-Bbls.	Gas - MCF
1,	CAS WELL			
1	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION  APPROVED AUG 2 0,1975	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by A. R. Kendrick	
			TITLE PETROLEUM ENGINEER DIST. NO. 5	
	m. W. Stepacure		This form is to be filed in compliance with RULE 1104.	
-			If this is a request for sllowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted wells.	
•	Vice President (Title)			
	8/15/75 (Date)		Fill out only Sections I, well name or number, or transpo	II. III, and VI for changes of owner, reer, or other such change of condition.
	e description of the second of		Separate Forms C-104 must be filed for each pool in multiply complated wells.	